

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4						
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20		/				
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27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
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35	/					
36		/				
37	/					
38	/					
39	/					
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46	/					
47	/					
48		/				
49		/				
50		/				
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65		/				
66		/				
67		/				
68		/				
69		/				
70		/				
71		/				
72		5				
73		5				
74		5				
75		5				
76		5				
77		5				
78		5				
79		5				
80		5				
81		5				
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83		5				
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89		5				
90		5				
91		5				
92		5				
93		5				
94		5				
95		5				
96		5				
97		5				
98		5				
99		5				
100		5				
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
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SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	1					
102	2					
103	2					
104	2					
105	2					
106	2					
107	2					
108	2					
109	2					
110	2					
111	2					
112	1					
113	1					
114	3					
115	3					
116	3					
117	3					
118	3					
119	3					
120	3					
121	3					
122	3					
123	3					
124	3					
125	3					
126	3					
127	3					
128	3					
129	3					
130	3					
131	3					
132	3					
133	3					
134	3					
135	1					
136	1					
137	1					
138	1					
139	1					
140	1					
141	1					
142	1					
143	1					
144	1					
145	1					
146	1					
147	1					
148	1					
149	1					
150	1					
45	TOTAL IND.	17	↓	↓	↓	↓
288	TOTAL DEP.	286	↔	↔	↔	↔
33	TOTAL CLAIMS	303				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151		1				
152		1				
153		1				
154		1				
155		1				
156		1				
157		2				
158		2				
159		2				
160		2				
161		2				
162		2				
163		2				
164		2				
165		2				
166		2				
167		2				
168		2				
169		3				
170		3				
171		3				
172		3				
173		3				
174		3				
175		3				
176		3				
177		3				
178		3				
179		3				
180		2				
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196						
197						
198						
199						
200						
45	TOTAL IND.	17	↓	↓	↓	↓
288	TOTAL DEP.	286	↔	↔	↔	↔
33	TOTAL CLAIMS	303				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Claim	Date
Final	Original
151	9/29/88
152	
153	
154	
155	
156	
157	
158	
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172	
173	
174	
175	
176	
177	
178	
179	
180	
181	✓
182	✓
183	
184	
185	
186	
187	
188	✓
189	✓
190	✓
191	
192	
193	
194	
195	
196	
197	
198	
199	✓
200	✓

Claim	Date
Final	Original
201	9/29/88
202	N
203	
204	
205	
206	
207	
208	
209	
210	
211	
212	
213	
214	
215	
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